

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
3		2		/		
4		①		/		
5	/		/			
6	/		/			
7		/		/		
8		/		/		
9		2		/		
10		①		/		
11		①		/		
12		①		/		
13		①		/		
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TOTAL IND.	8	↓	8	↓		↓
TOTAL DEP.			12	↓		↓
TOTAL CLAIMS			20			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS